HHS IT Infrastructure Consolidation Initiative

IT infrastructure Function	Definitions	Should the I/T/U consolidate within IHS?	Should IHS Consolidate with the Department?	Comments	Price
Financial Management System	This application, assumed to be commercial, will allow all the Department's OPDIVs to report to and receive reports from a common system.	N/A	Yes	The IHS currently obtains financial services through the HHS Program Support Center (PSC). IHS is scheduled to join all other OPDIVs in the UFMS but this will probably not happen for three to five years.	Already budgeted. Not being pulled out of existing IT resources. This does not include the cost accounting systems and cannot generate cost reports required for 3rd Party Billing reimbursements.
Enterprise Human Resources Program	This application, assumed to be commercial, will allow all the Department's OPDIVs to report to and receive reports from a common system.	N/A	Yes	Needed upgrade to streamline personnel processing.	Already budgeted. Not being pulled out of existing IT resources.
Grants Management System	This application, assumed to be commercial, will allow all the Department's OPDIVs to report to and receive reports from a common system.	N/A	Yes	Needed to streamline grants processing	Already budgeted. Not being pulled out of existing IT resources.
Continuity of Critical IT Operations & Disaster Recovery	Infrastructure services only and not application systems	N/A	No	vehicles and access to experts. The specialize nature of our patient care services are unique in DHHS and will require specialized policies/procedures.	
Critical Infrastructure Protection Management	Oversight of conducting Project Matrix studies on Presidential Decision Directive 63 assets	N/A	N/A	No IHS assets are currently identified as critical for national security. The PDD-63 requirement will be assessed annually.	
Directory Services	Management of OPDIV-wide directory of identity information on agency individuals	Yes	No	The I/T/U directory services are currently provided at ITSC (or in some cases at the tribal sites). While IHS is upgrading to Windows 2000 Active Directory, we currently do not want to consolidate with the department due to the issues with advertising tribal domains. We are willing to feed/share data with the Department as we do now.	Costs have not been determined. IHS can use existing equipment and staff.
E-mail Services	Management of e-mail infrastructure (e.g. routing, directory, SMTP gateway, virus protection) and corporate e-mail servers across the agency	Yes	No	The I/T/U currently has 88 exchange email servers and 40+ Unix/POP servers for email. Although we expect to decrease this number over the next two years, some 638 tribes desire to maintain their own servers. Additionally some sites must maintain their servers due to telecommunications issues.	Costs have not been determined. HIS can use existing equipment and staff.
Enterprise Architecture	Program of establishing agency architecture and standards	Yes	Yes	Having a common architecture is advantageous.	
Helpdesk - Tier 1	Dedicated groups who receive, triage, and resolve where possible users' initial request for help in using IT products or services	No	No	This help desk concept is not yet fleshed out. This proposal is primarily for office automation software/hardware. Since most of HIS help desk calls are for telecommunications and ROMS, we do not see how a centralized help desk for HAS would improve service to our customers.	Costs not established.
Hosting Services	Housing and maintenance of hardware systems, operating systems, data storage, back-up & recovery services, web infrastructure services	Yes	No	We want to move HIS in this direction. For example, many sites have web servers. These servers are complicated to maintain with the needed security upgrades. Our intention is to host sites centrally, where possible, and still give local access to update web pages.	Economy of scale could be advantageous to I/T/U.

Information Security Infrastructure	Intrusion detection, vulnerability scanning, password strength testing, penetration testing, perimeter firewall mgmt, virus prevention at the perimeter, incidence response coordination	Yes	No	This would help to achieve a common/standard approach to maintaining security and implementing effective security interventions. This will greatly benefit I/T/U sites at all levels including HIPAA, JCAHO, and other regulatory requirements. In light of our specific health care mission, we have more stringent requirements than many of the other OPDIVs and see no advantage to consolidating with the department.	Use department Security and Innovation fund to pay for this.
Internet Access	Dedicated always-on agency connections to the Internet not including intermittent dial-up connections	Yes	No	In the past, the IHS had a consolidated Internet access point. We are currently going to a distributed (by Area) Internet access model so that each Area can increase bandwidth as needed. The proposed department model would be a step back for us.	Economy of scale could be advantageous to I/T/U. If FTS cost, then same price with or without department
IT Asset Inventory	Agency-wide inventory of hardware and software assets	Yes	No	Already being implemented by IHS using a commercially available tool (Peregrine IND and IDD).	
IT Capital Investment Control	Process of collecting data covered by Exhibit 53 and reviewing and approving IT investments covered by Exhibit 300 and ITIRB	Yes	No	IHS has a common process in place, the Information Technology Investment Review Board (ITIRB), to review potential IT investments across the IHS. Tribal and urban programs managing their own resources are not covered by this process.	
IT Policy and Standards	Establishment of agency-wide IT policies and standards	Yes	No	Yes, as long as the tribal needs are considered	
IT Purchasing	Agency-wide contracts, BPAs, site licenses, and volume discount acquisitions	Yes	No	We want access to department-wide economies, but not limited to these materials/vehicles.	Economy of scale could be advantageous to I/T/U.
IT Training	Agency-wide development of IT development core curricula, acquisition and provision of training programs	Yes	No	We want access to department-wide economies, but not limited to these materials/vehicles.	Economy of scale could be advantageous to I/T/U.
Public Key Infrastructure (PKI)	This technology is used to ensure that the person reading/signing/accessing electronic documents/systems is really the person that was authorized to have the access. This includes management of digital certificate issuance, revocation, and validation.	Yes	Yes	We agree for issues like HIPAA and JCAHO regulatory reasons, however tribes being given access is still an unresolved issue.	
Remote Access	Clustered dial-in services, e.g. VPN, access servers,	Yes	No	Due to the complex security issues related to this, the I/T/U should consider doing this a specific IHS centralized location. Using DHHS will add another layer of complexity to obtaining access.	Economy of scale could be advantageous to I/T/U.
Telecommunications	Management of telephony equipment and service installation, reinstallation, and repairs	Yes	No	Due to the demand area nature of the networks, the remoteness, and the need to deal with local telecommunications companies, the I/T/U should consider doing this a specific IHS centralized location. Using DHHS add another layer of complexity to obtaining access.	Economy of scale could be advantageous to I/T/U. Current telemedicine planning and implementation efforts could be
Videoconferencing Infrastructure	Management of VTC bridge services for conferences	Yes, at the Area/Region Level	No	Due to current network structure, we want a decentralized bridge structure for our video networks. We don't want each site to have to connect to NIH to talk to each other.	Economy of scale could be advantageous to I/T/U. Current telemedicine planning and implementation efforts could be hampered by additional
Wide Area Network	Agency networking connections (lines, cables, routers, switches) between campuses and between cities	Yes	No		Economy of scale could be advantageous to I/T/U. Current telemedicine planning and